

**METHOD AND SYSTEM FOR PROVIDING A USER-SELECTED HEALTHCARE
SERVICES PACKAGE AND HEALTHCARE SERVICES PANEL CUSTOMIZED
BASED ON A USER'S SELECTIONS**

Field of the Invention

5 This invention relates generally to a system and method for online selection of healthcare services and, more particularly, to a system and method for allowing a user to select a customized healthcare services panel and for providing the user with a healthcare services package, the cost of which is calculated based on the user's selections.

10 **Background of the Invention**

 The majority of healthcare in the United States is sponsored by employers, because, unlike most of its European counterparts, the United States does not automatically provide healthcare services on a no-cost basis to all of its citizens. Generally, an employer selects and contracts with a third party administrator to
15 administer its health benefits program funded either by the employer buying insurance or by self-funding the program (self-insurance).

 Historically, employers sponsored "Traditional Indemnity" programs where employees and their dependents were free to choose and utilize the services of any healthcare service provider and be reimbursed for covered benefits, less some form of
20 cost sharing such as an annual deductible or co-insurance. For example, a covered employee was responsible for the first \$100 in annual covered benefits ("deductible"), for 20% of the next \$5,000 (i.e., a \$1,000 annual co-insurance limit), and was fully reimbursed for the amount that the year's claims exceed \$5,000. Because the employee was paying only a minority of the cost of healthcare services, the employee

was not sensitive to the cost and healthcare service providers rarely competed on the basis of price. However, healthcare service providers did compete based on other attributes such as technology, and the advent of expensive new technologies further drove costs upward and resulted in the cost of employers' healthcare programs spiraling sharply upward in the 1980s and early 1990s.

In response to the rapidly rising costs of their healthcare programs, employers have increasingly turned to Managed Care Organizations ("MCOs") such as Health Maintenance Organizations ("HMOs") and Preferred Provider Organizations ("PPOs"). MCOs develop restricted networks of healthcare service providers who are willing to accept a negotiated level of reimbursement which is typically much lower than the provider's standard fees. Because the employer (and not the employee/dependent) is the customer of the MCO, the employee/dependent has virtually no voice in the selection of the MCO's provider network. Employees who go outside the MCO's provider network typically receive no benefits from traditional HMOs and typically receive dramatically reduced benefits from PPOs or "Point of Service" HMO programs.

MCOs have also implemented extensive programs designed to further manage the cost of healthcare. Most of these Utilization Management ("UM") programs are designed to reduce utilization and restrict the delivery of care. Examples of UM programs include precertification programs which require prior authorization from the MCO before a physician can refer a patient to another physician, order a procedure or test or admit a patient to a hospital. Some MCO programs require that a Primary Care Physician ("PCP") be selected by each covered member, and that the PCP must act as a "gatekeeper" to authorize referrals to other physicians.

MCOs also rely heavily on the collection of utilization and claim information in order to administer their programs and to manage the risk associated with healthcare costs. MCOs utilize a variety of methodologies to manage the risk, including both risk sharing and risk transfer to healthcare service providers. Some of the MCO risk sharing and risk transfer methodologies have become quite controversial and have therefore become subject to increased scrutiny, e.g., placing a physician at risk for the cost of his referrals of patients to specialists or hospitals.

In light of the above, it is not surprising that MCO's chosen by and designed for employers are generally ill-favored by both employees and healthcare service providers. Unfortunately, the reality is that healthcare coverage is a business-to-business product in the United States, and not a consumer product. Employee dissatisfaction generally stems from the following shortcomings of the MCO programs: (1) the limited provider network may not include their desired physician or hospital; (2) the administrative and utilization management requirements of the program are often burdensome and frustrating; and (3) the benefit design chosen by the employer often does not meet the particular needs of the employee.

Physicians, hospitals and other healthcare service providers are generally discontent with MCOs because: (1) the administrative costs and paperwork are unduly burdensome; (2) the UM programs imposed by MCOs are both administratively cumbersome and expensive; and (3) the provider contracts offered by MCOs allows the MCO to unilaterally dictate the price, terms, and administrative requirements; and (4) the profits and administrative fees charged by MCOs is believed to be at the expense of patient care.

Ideally, healthcare service providers should be able to contract more directly with patients and employers, thereby reducing the role of intermediaries such as MCOs. Furthermore, employees and their families should be able to be “consumers” and make their healthcare purchasing decisions. Finally, employers should be afforded
5 relief from both unpredictable and rising increases in their costs of sponsoring healthcare programs for their employees.

Accordingly, a need exists for a healthcare coverage system and method that allows individuals to contract for the healthcare services that they need, from the healthcare providers that they prefer, and at a price that is within their financial
10 restraints. In other words, to empower the individual as a consumer. There further exists a need to implement Web sites on the Internet to reduce the administration costs of implementing such a healthcare coverage system and to facilitate the registration of individual members into the system. Finally, there exists the need to provide a
15 mechanism that allows healthcare service providers to offer their services to consumers who seek to build a customized healthcare services package, while providing the healthcare service providers stable and predictable fixed monthly incomes and manageable patient lists.

Summary Of The Invention

In connection with the foregoing, a method and system is disclosed for
20 allowing a user to select healthcare services where a server generally receives personal information data comprising a user identifier and a financial parameter from the user, provides a list comprising a plurality of healthcare service providers to the user, receives a selection of a healthcare services panel from the user comprising at least one of the

healthcare service providers, determines a healthcare services package based on the user's selection and the financial parameter and provides the determined healthcare services package to the user for selection of the healthcare services package.

According to one aspect of the invention, the personal information data
5 further comprises a sponsor identifier that identifies the party responsible for paying for all or a portion of the user's healthcare benefits, such as an employer of the user, a healthcare administration company ("HAC") associated with the user (e.g., an insurance company, HMO, or Third Party Administrator), or the user himself.

According to another aspect of the invention, the financial parameter
10 comprises an amount of healthcare benefits available from the employer or the HAC, or an amount of healthcare costs identified by the user.

According to another aspect of the invention, the financial parameter represents that the user is soliciting price estimates.

According to another aspect of the invention, the server receives a
15 selection of an anchor provider by the user, and wherein the list is provided to the user based on the anchor provider.

According to another aspect of the invention, the list is provided to the user based on a predefined criteria or a predefined criteria associated with the anchor provider.

20 According to another aspect of the invention, the predefined criteria comprises one of the group consisting of: price, quality, ratings, ranking, location, time, distance and hospital affiliation.

According to yet another aspect of the invention, the personal information data further comprises an identification of a plurality of individuals to be associated with the healthcare services package.

According to yet another aspect of the invention, a healthcare services panel is selected by the user for each of the plurality of individuals, and wherein the healthcare services package is further determined based on the healthcare services panels.

According to yet another aspect of the invention, each healthcare service provider is associated with an individual cost ("IC") and an umbrella policy credit ("UPC") and the personal information data further comprises an uncredited umbrella policy cost, and wherein the determination of the healthcare services package comprises aggregating the ICs and UPCs of the healthcare service providers on the healthcare services panel, calculating the difference between the uncredited umbrella policy cost and the aggregated amount of the UPCs, wherein the difference represents a credited umbrella policy cost, and determining the healthcare services package based on the sum of the aggregated ICs and the credited umbrella policy.

According to yet another aspect of the invention, the ICs and UPCs of each healthcare service provider of the healthcare services panels of each of a plurality of individuals are aggregated, the difference between the uncredited umbrella policy cost and the aggregated amount of the UPCs of each of a plurality of individuals is calculated, wherein the difference represents a credited umbrella policy cost, and the healthcare services package is determined based on the sum of the aggregated ICs and the credited umbrella policy cost.

According to yet another aspect of the invention, the determination of the healthcare services package is further based on an amount of deductible on an umbrella policy included in the personal information data.

According to yet another aspect of the invention, an amount of deductible
5 on an umbrella policy is included in the personal information data for each individual.

According to yet another aspect of the invention, the server generally receives from the healthcare service provider information data comprising a provider identifier and a rate parameter, provides the information data to a plurality of users for selection by the users, provides a list to the healthcare service provider comprising the
10 plurality of users that selected the healthcare provider, and provides payment to the healthcare service provider based on the rate parameter.

According to yet another aspect of the invention, the information data further comprises a location and a hospital affiliation of the healthcare service provider, an identification of services included in the rate parameter and/or a referral panel.

15 According to yet another aspect of the invention, the rate parameter comprises a fixed rate and at least one amount of co-payment.

The system and method of the invention will be more readily understood and apparent from the following detailed description of the invention when read in conjunction with the accompanying drawings, and from the claims which are appended
20 at the end of the detailed description.

Brief Description Of Drawings

Figure 1 is a block diagram of a system in accordance with one embodiment of the invention.

Figure 2 is a block diagram of the central server of Figure 1.

Figures 3A-3C are flow diagrams illustrating an embodiment of a registration process.

Figures 4A-4D are flow diagrams illustrating an embodiment of a
5 healthcare services panel selection process.

Figures 5A-5D are flow diagrams illustrating an embodiment of a healthcare service provider registration process.

Figures 6A-6B are flow diagrams illustrating an embodiment of a healthcare service provider referrals process.

10 Figures 7A-7B are flow diagrams illustrating an embodiment of a healthcare service provider information retrieval process.

Figures 8A-8C are flow diagrams illustrating an embodiment of a sponsor registration process.

Figure 9 is a block diagram of the member panel database of Figure 2.

15 Figure 10 is a block diagram of the registration database of Figure 2.

Figure 11 is a block diagram of the sponsoree database of Figure 2.

Figure 12 is a block diagram of the member demographics database of Figure 2.

20 Figure 13 is a block diagram of the healthcare service provider database of Figure 2.

Figure 14 is a block diagram of the sponsor information database of Figure 2.

Figure 15 is a block diagram of the sponsored individual database of Figure 2.

Figure 16 is a block diagram of the CPT database of Figure 2.

Figure 17 is a block diagram of the physician background database of

5 Figure 2.

Figure 18 is a block diagram of the rates database of Figure 2.

Figure 19 is a block diagram of the referral database of Figure 2.

Figure 20 is a diagram illustrating a registration form.

Figure 21 is a diagram illustrating a demographics request form.

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Figure 22 is a diagram illustrating a sponsorship request form.

Figure 23 is a diagram illustrating an employer identification request form.

Figure 24 is a diagram illustrating an employer confirmation page.

Figure 25 is a diagram illustrating an individual selection page.

Figure 26 is a diagram illustrating a panel building selection form.

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Figure 27 is a diagram illustrating a Primary Physician identification page.

Figure 28 is a diagram illustrating a search criteria page.

Figure 29 is a diagram illustrating a default co-payment form.

Figure 30 is a diagram illustrating a comprehensive selection registration form.

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Figure 31 is a diagram illustrating a confirmation page.

Figure 32 is a diagram illustrating a checkout form.

Figure 33 is a diagram illustrating a purchase confirmation page.

Figure 34 is a diagram illustrating a healthcare service provider options form.

Figure 35 is a diagram illustrating an identification of primary services form.

5 Figure 36 is a diagram illustrating a background request form.

Figure 37 is a diagram illustrating an identification of healthcare service categories form.

Figure 38 is a diagram illustrating a list of physician services form.

Figure 39 is a diagram illustrating a list of non-physician services form.

10 Figure 40 is a diagram illustrating a CPT code form.

Figure 41 is a diagram illustrating an identification of healthcare service provider rates form.

Figure 42 is a diagram illustrating a pre-paid options form.

Figure 43 is a diagram illustrating a rates selection form.

15 Figure 44 is a diagram illustrating a rates entry form.

Figure 45 is a diagram illustrating a rates determination form.

Figure 46 is a diagram illustrating a notice requirement form.

Figure 47 is a diagram illustrating a referrals form.

Figure 48 is a diagram illustrating a reports selection form.

20 Figure 49 is a diagram illustrating a sponsor option request form.

Figure 50 is a diagram illustrating a sponsor profile form.

Figure 51 is a diagram illustrating a sponsored members form.

Figure 52 is a diagram illustrating a new member form.

Figure 53 is a diagram illustrating a user information edit form.

Figure 54 is a diagram illustrating a sponsor report selection form.

Figure 55 is a diagram illustrating an express buy form.

Detailed Description Of Invention

5 Overview Of System

Figure 1 shows a preferred embodiment of a system in accordance with the present invention, where a central server 200 exchanges information over the Internet 140 with a user 110, a plurality of healthcare service providers 120 and a plurality of sponsors 130. Generally, the configuration allows the central server 200 to
10 aggregate information about participating healthcare service providers and sponsored healthcare benefit plans, and to provide the information to the user 110 for selecting and customizing a healthcare services package.

The user 110, healthcare service providers 120 and sponsors 130 (collectively "customers") communicate with the central server 200 by accessing a Web
15 site associated with the central server 200 over the Internet 140 using a Web-browser on their personal computers via an Internet Service Provider ("ISP"; not shown) or by using well-known alternatives to a Web-browser, such as via Web-TV, Palm Pilots, pagers and other personal digital assistants ("PDA's"). The operation of the Internet 140 and access thereto is well-known and is accordingly not described here in detail.

20 The group of healthcare service providers 120 that communicate with the central server 200, for purposes of illustration, are shown to include hospitals 120a and doctors 120b. As will be discussed in more detail below, the healthcare service providers 120 register with and provide the central server 200 with price,

demographical, specialization and affiliation information. The registered healthcare service providers 120 thereafter become available for selection by the user 110, and, if selected, are paid accordingly for their services subject to any co-payment required of the user 110.

5 The group of sponsors 130 exchanging information with the central server 200, for purposes of illustration, are shown to include employers 130a, medical savings account (“MSA”) administrators 130b, indemnity carriers 130c and HMOs 130d. As will be discussed in more detail below, the group of sponsors 130 register with and provide financial information regarding the amount of healthcare benefits available to their plan
10 members. If the user 110 is a plan member, this financial information is accessed and used in the process of determining the user’s healthcare services package.

 Because of the numerous different types of healthcare service providers 120 and sponsors 130 that may exist, as used in specification and claims, the term “healthcare service provider” and the like shall be understood to include any provider
15 (entity or individual) of a healthcare-related service, for example, entities such as hospitals, laboratories or pharmacies, and individuals such as physicians, physical therapists, social workers or dentists. The term “sponsor” and the like shall be understood to include any individual or entity that finances, administers, or contributes financially to the cost of the user’s healthcare package, and in the case where the user
20 110 is the sole contributor to the cost of his healthcare services package, the sponsor is the user 110 himself. Accordingly, these terms are not limited to the examples listed above.

Central Server

Figure 2 is a block diagram showing the architecture of a preferred embodiment of the central server 200. As Figure 2 illustrates, the central server 200 includes certain standard hardware components, such as a central processing unit ("CPU") 205 that is preferably linked to each of the following elements by means of a shared data bus or by dedicated connections: clock 210, random access memory ("RAM") 215, read only memory ("ROM") 220, input/output ("I/O") communications port 225 and a plurality of databases 230.

The CPU 205 performs all of the processing functions of the central server 200 in accordance with a stored operating system ("OS"; not shown) having multi-tasking capabilities. Because the system is intended for access by a large number of users, healthcare service providers 120 and sponsors 130 asynchronously, the RAM 215 is preferably of sufficient size to prevent problems such as slow loading and system failure due to too many connections being attempted to be established at the same time. Furthermore, the I/O communications port 225 must be configured to include multiple communications channels for simultaneous connections, and may be stand-alone devices.

The central server 200 indirectly communicates with the customers on hypertext transfer protocol ("HTTP") that is secured using a standard secure protocol (e.g., secure socket layer ("SSL")) through the input/output communications port 225. As previously mentioned, the customers gain access to the Internet 140 by means of their ISP's. When the customers request access to the Web site associated with the central server 200 by transmitting the Web site's registered domain name (e.g.,

"BuyMedDirect.Com"), the customers' requests are routed through their ISP's to a second ISP (not shown) associated with the central server 200. The second ISP in turn routes the customers' requests to the central server's I/O communications port 225 via a communication line, such as a dedicated phone line (e.g., a T1 or T3 line). This type of
5 line provides a high-speed data connection between the second ISP and the central server 200.

The central server 200 also includes certain software components, such as software servers and software databases, to store information and perform a plurality of transactions. The implementation of software servers to execute Internet-directed
10 software in conjunction with a central server is well-known in the art, and the servers' configurations are accordingly not described in detail herein.

Because the system is configured in a preferred embodiment to provide tailored, customer-specific banner advertisements, the CPU 205 is also in communication with one or more input device 235, such as a keypad and a scanner, to
15 receive the advertisements and their parameters for storage. The central server 200 could alternatively receive this information from advertisers over the Internet 140.

The plurality of databases 230 will now be described in detail below. With respect to the databases 230, it should be noted that each database in the figures is shown to have only a few records contained therein for purposes of illustration, although
20 it should be understood that in practice each database would contain numerous records. Furthermore, it should be understood that the invention is not limited to the fields illustrated in the figures and that fields could be added, replaced or deleted without departing from the scope and spirit of the invention.

Databases

A registration database 1000 tracks log-in names, passwords and other relevant information for identifying and authenticating registered users, healthcare service providers and sponsors into the Web site associated with the central server 200.

5 As shown in Figure 10, the registration database 1000 maintains a plurality of records, such as records 1050 to 1090, with each record being associated with a registrant identified by a log-in identifier stored in field 1005 and a password stored in field 1010. The registrant's preference ("yes" or "no") with respect to "cookies", a term referring to the storage of the log-in identifier at the registrant's computer for being automatically
10 provided to the server 200 upon access to the Web site, is stored in field 1015. Other relevant information, such as the registrant's e-mail address, home ZIP code, and categorization ("U" for user 110; "HP" for healthcare service provider 120; "S" for sponsor 130) are stored in fields 1020, 1025, and 1030 respectively.

A sponsoree database 1100 stores information regarding the user's
15 "sponsor", i.e., the entity/individual responsible for paying for all or part of the user's healthcare services package. Referring to Figure 11, the sponsoree database 1100 maintains a plurality of records, such as records 1150, 1160 and 1170, with each record being associated with a user 110 identified by the log-in identifier stored in field 1105. The user's ZIP code is stored in field 1110. The type of sponsor ("U" for the user 110;
20 "E" for employer; or "H" for HAC, e.g., insurance company, HMO, or Third Party Administrator) is stored in field 1115. A sponsor identification code that identifies the sponsor is stored in field 1120 and a sponsoree identification code that identifies a sponsored user (or "sponsoree") is stored in field 1125. Finally, the total number of

sponsored individuals associated with the sponsoree and the sponsoree's budget is stored in fields 1130 and 1140, respectively.

A member demographics database 1200 stores information about the user 110 and his family. Referring to Figure 12, the user demographics database 1200 maintains a plurality of records, such as records 1250, 1260 and 1270, with each record being associated with a user 110 identified by the user's log-in identifier stored in field 1205. The name of the user 110 (First / Middle / Last), member identification number, panel identification number and date of birth (MM / DD / YYYY) are stored in fields 1210, 1211, 1213 and 1215, respectively. The member's social security number, if captured in a preferred embodiment of Figure 21 (described below), is stored in field 1220 and relationship to the user 110 ("SELF," "SPOUSE," "CHILD" or "OTHER") is stored in field 1225. The member's gender ("M" for male or "F" for female) is stored in field 1230. Lastly, the member's sponsoree identification number is stored in field 1240.

A healthcare service provider database 1300 is shown that stores information regarding participating healthcare service providers. Referring to Figure 13, the healthcare service provider database 1300 maintains a plurality of records, such as records 1360, 1370 and 1380, with each record being associated with a healthcare service provider 120 identified by the log-in identifier stored in field 1305. The healthcare service provider's category, service type and provider identification number are stored in fields 1310, 1315 and 1320, respectively. The beginning effective date and ending effective date of the provider's offered services are stored in fields 1325 and 1330. The provider's rate type ("P" for Pre-paid or "F" for Fee-for-Service) is stored in field 1335, and a Pre-paid Month's Notice and a Fee-For-Service Month's Notice are

stored in fields 1340 and 1345, respectively. A separate record is created for the healthcare service provider 120 for each category of service that the healthcare service provider 120 offers.

A sponsor information database 1400 is shown that stores information
5 regarding the sponsor 130 (or the user 110 if the user 110 is self-sponsored). Referring to Figure 14, the sponsor information database 1400 maintains a plurality of records, such as records 1450, 1460 and 1470, with each record being associated with a sponsor 130 identified by the sponsor's log-in identifier stored in field 1405. The sponsor's name and address are stored in fields 1410 and 1420, respectively. A
10 contact name, phone number and e-mail address for the sponsor 130 are stored in fields 1425, 1430 and 1435, respectively. The type of sponsor ("E" for Employer, "H" for HAC, "S" for Self, "O" for Other) is stored in field 1440. Finally, the sponsor's identification code is stored in field 1445.

A sponsored individual database 1500 is shown that stores information
15 regarding sponsored users (or "sponsees"). Referring to Figure 15, the sponsored individual database 1500 maintains a plurality of records, such as records 1550, 1560 and 1570, with each record being associated with a sponsored user identified by the sponsor's identification code stored in field 1505. A sub-sponsor identifier is stored in field 1510, and a sponsoree identification number and a sponsoree name are stored in
20 fields 1515 and 1520, respectively. The budgeted contribution for the sponsoree is stored in field 1525, and the sponsoree's initial password for accessing the record associated with the sponsoree is stored in field 1530. A separate record is created for each sponsoree of the sponsor 130.

A CPT database 1600 is shown that stores information regarding Current Procedural Terminology ("CPT") codes, which are standard healthcare industry categorization codes for physician services that have been developed and copyrighted by the American Medical Association. Referring to Figure 16, the CPT database 1600 maintains a plurality of records, such as records 1650, 1660 and 1670, with each record being associated with a log-in identifier stored in field 1605. The healthcare service provider's identification number and category of service are stored in fields 1610 and 1615, respectively. The CPT code and the established beginning effective date and ending effective date for the CPT code associated with that particular healthcare service provider 120 are stored in fields 1620, 1625 and 1630, respectively. A separate record is created for each category and CPT code combination of the healthcare service provider 120.

A physician background database 1700 is shown that stores information regarding a physician's background, training and the like. Referring to Figure 17, the physician background database 1700 maintains a plurality of records, such as records 1750, 1760 and 1770, with each record being associated with a physician identified by its log-in identifier stored in field 1705. The physician's name, education/training and board certifications are stored in fields 1710, 1715 and 1720, respectively. The physician's office location, office hours and associated partners in the physician's medical group are stored in fields 1725, 1730 and 1735, respectively. Finally, the physician's provider identification number is stored in field 1740.

A rates database 1800 is shown that stores information regarding healthcare service provider rates. Referring to Figure 18, the rates database 1800

maintains a plurality of records, such as records 1850, 1860 and 1870, with each record being associated with a log-in identifier stored in field 1805. The provider's identification number and category are stored in fields 1810 and 1815. The provider's rate type ("P" for Pre-paid or "F" for Fee-for-Service) is stored in field 1817. An age category and a monthly rate for males for the age category and monthly rate for females for the age category are stored in fields 1820, 1825 and 1830, respectively. The co-payment amount associated with the provider's rate is stored in field 1835. Lastly, the provider's beginning effective date and ending effective date for the rates are stored in fields 1840 and 1845. For each age category and co-payment combination for which a provider is offering a rate, there will be a separate record in the rates database 1800.

A referral database 1900 is shown that stores information regarding healthcare service provider referrals. Referring to Figure 19, the referral database 1900 maintains a plurality of records, such as records 1950, 1960, 1970, 1980 and 1990, with each record being associated with the healthcare service provider's log-in identifier stored in field 1905. The healthcare service provider (or "referrer") identification number is stored in field 1908. The referrer's beginning effective date and ending effective date for each referral are stored in fields 1910 and 1915, respectively. The referree's category, name and provider identification number are stored in fields 1920, 1925 and 1930, respectively. Finally, the healthcare service provider's referral panel identification number is stored in field 1935. A separate record is created for each combination of referrer provider identification, provider name and category in the referral database 1900.

A member panel database 900 is shown that stores information regarding the member's selected healthcare services panel. Referring to Figure 9, the member panel database 900 maintains a plurality of records, such as records 950, 960 and 970, with each record being associated with a member identifier stored in field 905. The member's name and panel identification number are stored in fields 907 and 908. The member's selected category, associated provider identification number and co-payment are stored in fields 910, 915 and 920, respectively. The member's rate type ("P" for Pre-paid or "F" for Fee-for-Service) and rate are stored in fields 923 and 925, respectively. Lastly, the beginning effective date and ending effective date for the member's rates are stored in fields 930 and 935, respectively. A separate record is created in the member panel database 1900 for each category of service selected by the member.

An embodiment of a process for the system described above will now be discussed below. Unless otherwise indicated, the processes are described from the viewpoint of the central server 200.

Registration Process

Referring to Figures 3A-3C, the registration process for a first-time visitor begins at step 300. In step 305, a request for registration from the visitor is received over the Internet 140 via the system's Web site. In response, a registration form is transmitted back to the visitor in step 310 for input by the visitor of a log-in identifier (or "User ID"), password, e-mail address, home ZIP code, indication of his cookie preference and an indication of whether the visitor is a consumer/purchaser (and, if so, the number of family members to be associated with his account), healthcare service

provider (e.g., physician or hospital) or sponsor (e.g., employer or insurance carrier).

An example of a registration form is illustrated in Figure 20.

Referring to Figure 20, the options "Next" and "Previous" are provided to the registrant on the bottom of the form for selection. These options are also present in a number of other forms illustrated in the figures. As used throughout the specification and figures, a selection of "Next" by the registrant, user 110 or other individual accessing the system indicates a transmission of information on the form back to the central server 200. A selection of "Previous" loads the previous form or page that was displayed and accordingly repeats the process beginning at the step associated with the transmission of that form or page. In a preferred embodiment, if the option "Next" is selected and information is missing from required fields or entered in an incorrect format, an error message will be displayed and the form will be re-transmitted indicating which field(s) require information to be inserted or changed.

Upon receipt of the information on the registration form from the visitor in step 315, a record is created for the visitor in the registration database 1000 and the information is stored in the appropriate fields of the record in step 320. For example, registration information regarding the visitor "john_jones", a user 110, is stored in record 1050 of the registration database 1000. In step 325, a determination is made whether or not the visitor has indicated that he would like a cookie to be placed on his local computer by reference to field 1015 of the created record. If so, in step 330 a cookie is placed on the visitor's local computer that will indicate the log-in identifier when the visitor re-accesses the Web site at a later time. The use and placement of cookies is well-known in the art, and accordingly will not be described herein in detail.

In step 335, it is determined whether the visitor is a user 110 by reference to field 1030 of the registration database 1000 (e.g., "Consumer/Purchaser" was selected on the registration form of Figure 20). If so, a demographics request form is transmitted to the user 110 in step 340. An example of a demographics request form is illustrated in Figure 21. The purpose of the demographics request form is to receive information from the user 110 regarding the names, birth dates, gender and relation to the user 110 of all the individuals to be associated with and included in the user's healthcare services package. As will be discussed in more detail below, this information can be used to determine the individuals' rates corresponding to the healthcare service providers selected by the individuals to be included on their healthcare services panels. Although not shown in Figure 21, in a preferred embodiment the demographics request form further contains a field to receive the individuals' social security numbers.

If it is determined that the visitor is not a user 110, but is either a healthcare service provider (step 350) or a sponsor (step 355), the process continues as described and set forth in detail below with respect to Figures 5A or 8A, respectively.

Upon receipt of the demographics information from the user 110, in step 345 a record identified by the user's log-in identifier is created for each individual (or "member") associated with the user 110 in the member demographics database 1200, and the demographics information is stored in the appropriate fields. For example, the name (field 1210) and birthdate (field 1215) of "John Michael Jones" are stored in record 1250; the name (field 1210) and birthday (field 1215) of his spouse, "Jenny Lee Jones", are stored in record 1260; and the name (field 1210) and birthday (field 1215) of his child, "Julia Lynn Jones", are stored in record 1270 (along with the sponsoree

identifier 1240, as retrieved from the sponsoree database 1100) . All of the records are identified by the log-in identifier "john_jones" in field 1205.

In step 360, a sponsorship request form is transmitted to the user 110 for determining the user's sponsor, i.e., the entity responsible for paying all or part of the user's healthcare benefits. An example of a sponsorship request form is illustrated in Figure 22. In step 365, it is determined whether the user 110 is self-sponsored (e.g., has selected the option "Self" on the sponsorship request form) and has elected a budgeted amount of money annually to spend on a healthcare services package. The user 110 may elect to spend nothing ("0") if the user 110 is soliciting a price estimate. In step 370, a record is created identified by the user's log-in identifier in field 1105 of the sponsoree database 1100 and the type of sponsor ("U" for user 110 in the event that the user is self-sponsoring his program) and the budgeted amount the user 110 has elected to spend is stored in fields 1115 and 1140, respectively (along with the user's ZIP code and number of family members, as retrieved from the registration database 1000).

If it is determined in step 365 that the user 110 is not self-sponsored, a determination is made whether the user 110 is employer-sponsored in step 380 (e.g., the user 110 has selected the option "Employer" on the sponsorship request form of Figure 22). If the user 110 is employer-sponsored, an employer identification request form is transmitted to the user 110 for input of the user's employer (i.e., sponsor) identification code, employee (i.e., sponsoree) identifier, and employee (i.e., sponsoree) identifier password (hereinafter "employer authentication information"). An example of an employer identification request form is illustrated in Figure 23. If the employee does

not know or remember his employer's identification code, in a preferred embodiment the sponsor information database 1400 is searchable by the employee to obtain this information.

Upon receipt of the employer authentication information in step 382, the
5 matching record containing the sponsoree's name (field 1520), sponsor identification code (field 1505), sub-sponsor identification code (field 1510), sponsoree identifier (field 1515), contribution (field 1525) and the user's initial password (field 1530) is retrieved from the sponsored individual database 1500 as identified by the employer authentication information and an employer confirmation page transmitted to the user
10 110 for confirmation. An example of an employer confirmation page for the user "John Michael Jones", whose employer Wizig & Company contributes \$5,000.00 per year to his healthcare services package, is illustrated in Figure 24.

If there is no matching record as to all required fields and the user's employer is therefore not authenticated, the user 110 will be displayed an error screen
15 where he will be allowed to re-enter his employer authentication information. In a preferred embodiment, for security reasons the user 110 will only be allowed a limited number of attempts to re-enter his information before he is shut out of the system.

If it is determined in step 380 that the user 110 is not employer-sponsored, a determination is made whether the user 110 is HAC sponsored in step 386 (e.g., the
20 user 110 has selected the option "Insurer, HMO or other Healthcare Administrator" on the sponsorship request form of Figure 22). If the user 110 is HAC sponsored, a HAC identification request form (not shown; similar to the employer identification request form) is transmitted to the user 110 for input of the user's HAC (i.e., sponsor)

identification code, HAC (i.e., sponsoree) identifier, and HAC (i.e., sponsoree) password (hereinafter, "HAC authentication information"). If the user 110 does not know or remember his HAC's sponsor identification code, in a preferred embodiment the sponsored individual database 1500 is searchable by the user 110 to obtain this
5 information.

Upon receipt of the HAC authentication information in step 388, the matching record containing the sponsoree's name (field 1520), sponsor identification code (field 1505), sub-sponsor identification code (field 1510), sponsoree identifier (field 1515), contribution (field 1525) and the user's initial password (field 1530) is retrieved
10 from the sponsored individual database 1500 as identified by the HAC authentication information and an HAC confirmation page transmitted to the user 110 for confirmation. The HAC confirmation page is similar to the employer confirmation page, and is accordingly not illustrated herein.

If there is no matching record as to all required fields and the user's HAC
15 is therefore not authenticated, the user 110 will be displayed an error screen where he will be allowed to re-enter his HAC authentication information. As with the employer authentication information described above, in a preferred embodiment the user 110 will only be allowed a limited number of attempts to re-enter his information before he is shut out of the system for security reasons.

20 In step 384, it is determined whether the user 110 has confirmed the information provided to the user 110 on either the employer or HAC confirmation forms. If so, the registration process ends in step 375 and the confirmed sponsor identification code, sponsoree identification number and budget information is stored in fields 1120,

1125, and 1140, respectively, of a record created in the sponsoree database 1100 (in addition to the user's log-in identifier, ZIP code and number of individuals on his account, as retrieved from the registration database 1000). If not, the sponsorship information request process repeats beginning at step 360 until the process ends.

5 Healthcare Services Panel Selection Process

The healthcare services panel selection process will now be described with reference to Figures 4A-4D, beginning at step 400.

In step 402, the user 110 is requested to identify whether he is a first-time user. If it is determined that the user 110 is not a first-time user, the user 110 is
10 requested to select whether he would like to make modifications to his healthcare services panel by using previous selections in step 404. If the user 110 does not want to use his previous selections, or if the user 110 is a first-time user, an individual selection form is transmitted to the user 110 requesting the user 110 to identify the person for whom the user 110 will build a healthcare services panel in step 406. An
15 example of an individual selection form for "John Michael Jones" and his family is illustrated in Figure 25.

In step 408, a panel building selection form is transmitted to the user 110 for an indication by the user 110 of how to build a healthcare services panel for the identified individual, e.g., built around a Primary Physician, built around a chosen
20 hospital, by lowest cost or by building a customized panel. An example of a panel building selection form for the selected individual, "Jenny Lee Jones," is illustrated in Figure 26. As used in the specification and claims, the entity around which the user 110

selects to build a healthcare services panel for an identified individual (e.g., a Primary Physician or a chosen hospital) is referred to as an “anchor provider”.

In step 410, it is determined whether the user 110 has selected to build the healthcare services panel based on the individual's Primary Physician. If so (e.g.,
5 the user 110 has selected “Let me start with a panel built around my chosen Primary Physician”), a Primary Physician identification form is transmitted to the user 110 in step 412. An example of a Primary Physician identification form is illustrated in Figure 27. The Primary Physician can be any type of physician (e.g., cardiologist, oncologist, nephrologist, internist) and is not limited to PCPs. As shown in Figure 27, the user 110
10 has the option to either select a Primary Physician from a drop down menu or by searching the physician background database 1700, rates database 1800, and referral database 1900 according to criteria such as the Primary Physician's name, ZIP code, distance from the user 110, value, price or hospital affiliation. Software for determining the distance between two addresses is well-known and will be utilized in the preferred
15 embodiment to calculate the distance from the user 110 and the Primary Physician. In a preferred embodiment, the user 110 can also select “More Information” to obtain additional information from the physician background database 1700 about the selected Primary Physician. The user's Primary Physician selection is received in step 414.

The record containing the Primary Physician's previously entered
20 selections of the Primary Physician's referral panel (e.g., physicians, hospitals, skilled nursing facilities, and laboratories) is retrieved from the referral database 1900 in step 415 and if it is determined in step 416 that the Primary Physician has more than one healthcare service provider on its referral panel in at least one healthcare service

provider category, a search criteria form with criteria for sorting the Primary Physician's selections within the appropriate healthcare service provider categories is transmitted to the user 110 in step 417. An example of a search criteria form is illustrated in Figure 28. The purpose of the search criteria form is to sort a Primary Physician's list of healthcare service providers based on user-selected criteria if more than one healthcare service provider is listed for any specific category. As shown in Figure 28, drop-down menus with options for selection by the user 110 with respect to relevant parameters (e.g., distance from the user 110 in terms of miles, distance from the user 110 in terms of time, value, price, and hospital affiliation) is provided, along with a provision for the selection of a parameter's priority to the user 110, which is selected by associating a unique number with each category. For example, if there are five parameters, or searching criterion, the user 110 can associate a parameter's priority by ranking the individual parameter from 1 to 5. The user's selections and rankings of the relevant parameters are received in step 418.

A default co-payment form is next transmitted to the user 110 in step 420. An example of a default co-payment form is illustrated in Figure 29. The default co-payment form provides the user 110 with the option of selecting a default co-payment from a drop-down menu that is to be automatically loaded into each healthcare service provider category of the comprehensive selection registration form (discussed below), including whether he would like to choose the next lowest or highest co-payment in the event that the amount of the selected default co-payment is not available for a specific healthcare service provider category. The user's default co-payment selection is received in step 421.

In step 422, an express buy form is transmitted to the user 110. An example of an express buy form is illustrated in Figure 55. The express buy form provides the user 110 with "Express Buy" and "Custom Buy" options. "Express Buy" allows the user 110 to purchase a healthcare services panel based on the search criteria received in step 418. "Custom Buy" allows the user 110 to build a customized healthcare services panel, with the options of express buying, custom buying or excluding services listed in three different categories: Category 1, which contains services that are often custom buy or higher cost items such as those that usually exceed a stipulated percentage of the total cost (e.g., inpatient hospital, pharmacy), Category 2, which contains services that are occasionally custom buy; and, Category 3, which contains services that are infrequently custom buy. If it is determined that the user 110 has elected to "Express Buy" in step 423, the user's selections and ranking of the relevant parameters are used to establish a healthcare services panel for user 110 in step 425. If it is determined that the user 110 has elected to "Custom Buy" in step 423, a comprehensive selection registration form (described below) is determined and transmitted to the user 110 in step 424. The additional information with respect to the three categories described above is received and a healthcare services panel is established for the user 110 based on that information and a confirmation form (also described below) is transmitted to the user 110 in step 426.

An example of a comprehensive selection registration form is illustrated in Figure 30. The comprehensive selection registration form provides a list of healthcare service providers for each healthcare service provider category in drop-down menus. If there is only one healthcare service provider to be displayed in a specific healthcare

service provider category, that healthcare service provider's name is displayed in the window. If there is more than one healthcare service provider to be displayed, the names of the healthcare service providers are provided in ranked order in accordance with the user's search criterion received in step 418 above. If there are no healthcare service providers available for a specific healthcare service provider category or if the user 110 seeks a healthcare service provider who was not identified by the aforementioned search criteria, the user can expand their search by selecting the option "Search" as illustrated in Figure 30. The user 110 can select to exclude a healthcare service provider category by selecting the word "None" that is displayed in the window.

10 In a preferred embodiment, additional information can be obtained about the category (e.g., services typically included in cardiology) and/or a specific healthcare service provider (e.g., board certifications, educational background, location, etc.) by the user selecting the option "More Info".

For each healthcare service provider displayed in the comprehensive selection registration form, an associated amount of co-payment is provided in a separate drop-down menu. The amount of co-payment for each healthcare service provider category is determined and provided based on the amount of default co-payment received in step 422. If the default co-payment is available for a specific healthcare service provider, it is displayed. If the co-payment is not available and the user 110 opted to pay the next highest or lowest available co-payment, the amount of that co-payment is displayed. If the user 110 did not select either the next highest or next lowest available co-payment, the word "None Selected" is displayed in the window

and, before proceeding, the user 110 must select a co-payment for each healthcare service provider category that the user 110 has chosen a healthcare service provider.

The comprehensive selection registration form also displays information about an umbrella policy including the name of the umbrella policy and the deductible/co-payment of the umbrella policy that is determined by user 110 from among the available alternatives approved by the user's sponsor. An "umbrella policy," as the term is used herein, is a policy that generally covers all healthcare services obtained from healthcare service providers that are not specifically selected by the user 110. Partners within a medical group, hospitals within a hospital system or any other healthcare service provider that shares a primary legal entity are typically deemed to be the same healthcare provider for purposes of determination of services covered by the umbrella policy. An amount of deductible, which is the annual maximum amount that the user 110 pays out of pocket for healthcare services is associated with the umbrella policy. For example, referring to Figure 30, because Jenny Lee Jones has not selected an obstetrician, if she obtains obstetric services, she will have to pay up to \$2,000 of her costs out of pocket.

The comprehensive selection registration form also provides a running calculation of the user's total remaining budget and sub-total of the present panel, and calculates the increase or decrease of the running calculation due to the user's last modification to the panel.

If, in step 410, the user 110 selected to customize his healthcare services panel instead of basing it on a Primary Physician (e.g., the user 110 selected "Let me build a customized panel"), the comprehensive selection registration form has the word

"None" displayed in all of the windows. In a preferred embodiment, each category is searchable by the user 110 using the same search criteria as described above with respect to the user's selection of a Primary Physician. Although not described in detail herein, in a preferred embodiment, the user 110 is also given the options of building the
5 healthcare services panel around a chosen hospital or around the lowest cost healthcare service provider.

If, in step 404, the user 110 is a returning user and has indicated that he would like to modify a healthcare services panel, the individual selection form is transmitted to the user 110 in step 405, and the selected individual's panel data is
10 retrieved from the member panel database 900 (based on the member identifier and the name of the person for whom the user 110 is modifying the healthcare services panel, stored in fields 1605 and 1607, respectively) and provided in the appropriate fields of comprehensive selection registration form in step 424.

In step 426, the user's healthcare services panel is received and a
15 confirmation page is transmitted to the user 110 listing the user's selections for each category as to the healthcare service provider and co-payment. An example of a confirmation page is illustrated in Figure 31. The user 110 is provided with the option of editing the panel, saving the panel, building a healthcare services panel for another family member and checking out (i.e., confirming his selections for pricing).

20 If in step 428, it is determined that the user 110 has selected to edit the healthcare services panel, the process continues beginning at step 424. If not, in step 430 it is determined whether the user 110 has selected to build a panel for another individual. If so, the process continues beginning at step 404. If not, it is determined

whether the user 110 has selected to checkout in step 432. If the user has not selected to checkout in step 432, in step 433 it is determined whether the user 110 has selected to save the healthcare services panel. If so, a unique member panel identification number is assigned for each member and the member panel identification number and each of the user's selections for each member is stored in separate records of the member panel database 900 in step 435. For example, panel identification number 2002 has been assigned to Jenny Lee Jones and her selections for Primary Care: Internal Medicine, Dentist, and Opthamology are recorded respectively in records 950, 960, and 970. The process then continues beginning at step 428.

If the user 110 has selected to checkout, the calculation of the total cost of the healthcare services package is performed in step 434. Each healthcare service provider on the healthcare services panel is associated with a monthly individual cost ("IC") which is based on the age and gender of the individual family member, the stated level of co-payment, and on rates and personal information in the rates database 1800. Each healthcare service provider on the healthcare services panel is also associated with an umbrella policy credit ("UPC") which is determined base on the age and gender of the individual family member, the characteristics of the pre-paid healthcare service provider services selected in the healthcare services panel, and the umbrella policy deductible. A monthly uncredited umbrella policy cost is determined based on the age and gender of the individual family member, an amount of deductible on the umbrella policy and the personal information data in the member demographics database 1200. The total cost for each individual family member is calculated based on: (a) aggregating the ICs associated with each healthcare service provider on the healthcare services

panel; (b) aggregating the UPCs of each healthcare service provider on the healthcare services panel; (c) calculating the difference between the uncredited umbrella policy cost and the aggregated amount of the UPCs, wherein the difference represents the monthly credited umbrella policy cost; and (d) determining the total monthly cost of the healthcare services package for the individual family member based on the sum of the aggregated ICs and the credited umbrella policy cost. The annual cost of the healthcare services package is obtained by multiplying the monthly cost by twelve (12).

The annual and monthly cost(s) for the user 110 and his family members are transmitted to the user 110 in a checkout form in step 436. An example of a checkout form for Jenny Lee Jones is illustrated in Figure 32. The checkout form further contains the user's total annual and monthly budgeted contribution (as retrieved from field 1525 of the sponsored individual database 1500), and the monthly and annual balance available, or due, in the user's account by subtracting the user's total healthcare services package costs from the user's budget. The user 110 is provided with the option of either editing a healthcare services panel or checking out.

In step 438, if it is determined that the user 110 elected to edit a specific healthcare services panel, the comprehensive selection registration form for the specific healthcare services panel is displayed to the user 110 and the process repeats from step 424.

If in step 440, it is determined that the user 110 has opted to checkout, a purchase confirmation page is transmitted to the user 110 in step 442. An example of a purchase confirmation page for Jenny Lee Jones is illustrated in Figure 33, comprising a final list of the physicians, hospitals, and other healthcare service providers selected for

her, although in a preferred embodiment it also comprises a final list for each family member associated with the user John Michael Jones.

The healthcare services panel selection process thereafter ends in step 444. In a preferred embodiment, the user 110 is provided with the further options of
5 printing the page or returning to the Web site's home page.

Healthcare Service Provider Options Process

The healthcare service provider registration process will now be described with reference to Figures 5-7.

If in step 350 of the registration process (described above) it is determined
10 that the registrant is a healthcare service provider 120, a healthcare service provider options form is transmitted to the healthcare service provider. An example of a healthcare service provider options form is illustrated in Figure 34. Generally, the healthcare service provider 120 is provided the options to: (1) create or update his profile information; (2) identify the services that he offers; (3) review, load or update his
15 rates; (4) load or update his referral list; and (5) generate reports. Options (1) – (3) (i.e., the healthcare service provider registration process) will be discussed below with respect to Figures 5A-5D, option (4) will be discussed below with respect to Figures 6A-6B, and option (5) will be discussed below with respect to Figures 7A-7B.

Referring now to Figures 5A-5D, a healthcare service provider registration
20 process begins in step 500.

Create/Edit Profile

In step 502, if it is determined that the healthcare service provider 120 has selected to create or edit his profile (e.g., has selected the option "Profile Information" of the healthcare service provider options form illustrated in Figure 34), an identification of primary services form is transmitted to the healthcare service provider 120 in step 504 for identification by the healthcare service provider 120 of the primary type of service that he offers. An example of an identification of primary services form is illustrated in Figure 35. This page contains a menu comprising a number of different types of healthcare service providers 120, such as a physician, dentist, physical therapist, etc. If the healthcare service provider 120 already has a profile stored in the healthcare service provider database 1300, the healthcare service provider's corresponding record is retrieved from the database 1300 and the previously selected service stored in field 1315 is identified for the healthcare service provider 120 in the form of a dot filled in the bubble corresponding to the service. The healthcare service provider's selection regarding his primary type of service is received in step 506.

If in step 508, it is determined that the healthcare service provider 120 is a physician, a background request form is transmitted to the healthcare service provider 120 requesting that the healthcare service provider 120 identify his educational and training background, board certifications, office location and hours, medical group partners, and UPIN number (i.e., provider identification number stored in field 1320) in step 510. An example of a background request form is illustrated in Figure 36. If the healthcare service provider 120 already has a profile stored in the physician background database 1700, this information is retrieved from fields 1715 to 1735 of the healthcare service provider's existing record and displayed in the appropriate boxes for review

and/or modification by the healthcare service provider 120. The healthcare service provider's background information is received and stored in the appropriate fields of a record in the physician background database 1700 in step 512.

5 Identification Of Services Offered

In step 514, if it is determined that the healthcare service provider 120 has selected to identify his services (e.g., has selected the option "Identify Services Offered" of the healthcare service provider options form illustrated in Figure 34), an identification of healthcare service categories form is transmitted to the healthcare service provider 120 in step 516 for identification by the healthcare service provider 120 of the categories of services that he offers. An example of an identification of healthcare service categories form where the healthcare service provider 120 has previously identified service categories (e.g., "CARDIOVASCULAR AND THORACIC SURGERY" and "PRIMARY CARE: INTERNAL MEDICINE") is illustrated in Figure 37, and this information has been retrieved from field 1310 healthcare service provider database 1300 (from all records associated with the healthcare service provider 120 as identified by log-in identifier) and displayed for the healthcare service provider 120 in the appropriate fields of the form. The healthcare service provider 120 is provided with the options of selecting one of their previously identified service categories, adding a new category or deleting a category.

In step 518, it is determined whether the healthcare service provider 120 has selected to add a new service category, and if so, it is determined in step 520 whether the healthcare service provider 120 is a physician by reference to field 1315 of

the healthcare service provider database 1300. If the healthcare service provider 120 is a physician, a list of physician services form is transmitted to the healthcare service provider 120 in step 522. An example of a list of physician services form is illustrated in Figure 38. A listing of a number of physician specialties, such as “Allergy and Immunology”, “Hand Surgery” and “Urology,” are provided for selection by the healthcare service provider 120. A field is also provided for a beginning effective date for the selected specialty. The healthcare service provider’s selection and the beginning effective date are received and stored in fields 1310 and 1325, respectively, of the healthcare service provider database 1300 in step 524.

If the healthcare service provider 120 is not a physician, a list of non-physician services form is transmitted to the healthcare service provider 120 in step 526. An example of a list of non-physician services form is illustrated in Figure 39. A listing of a number of non-physician specialties, such as “Pharmacy” and “Social Worker” are provided for selection by the healthcare service provider 120. A field is also provided for a beginning effective date for the selected specialty. The healthcare service provider’s selection and the beginning effective date are received and stored in fields 1310 and 1325, respectively, of the healthcare service provider database 1300 in step 528.

The service category will appear on the identification of healthcare service categories form and to the user 110 during the healthcare services panel selection process as of the beginning effective date.

If it is determined in step 530 that the healthcare service provider 120 would like to remove a service from the list of proffered services, the healthcare service

provider 120 is required to indicate which service category to remove from his list of service categories by transmitting a service category removal form (not shown). A service category removal form is identical to the list of physician services form or list of non-physician services form illustrated in Figure 38 or 39 (depending on whether the healthcare service provider 120 is a physician) with the exception of that it only lists the service categories for which the healthcare service provider has an active record in the healthcare service provider database 1300 (i.e., each category field 1310 for which the ending effective date is later than the current date) and that it requests the healthcare service provider to elect a service category to be deleted and an ending effective date for that service category. The selection is received from the healthcare service provider 120 and the ending effective date is stored in field 1330 of the appropriate record of the healthcare service provider database 1300 in step 532, and the process continues at step 516 with the transmission of an updated identification of service category form. The service category will appear on the identification of healthcare service categories form and to the user 110 during the healthcare services panel selection process until the ending effective date.

In step 534, once the services have been identified, a CPT code form is transmitted to the healthcare service provider 120 to identify the services included in the healthcare service provider's rates by a Current Procedural Terminology ("CPT") code. CPT codes are the standard healthcare industry categorization for physician services and have been developed and copyrighted by the American Medical Association. An example of a CPT code form is illustrated in Figure 40. Although not described herein in detail, the CPT code form preferably provides the healthcare service provider 120

with options to review standardized list(s) of CPT codes, add a standardized list of CPT codes, add or delete individual CPT codes or ranges of CPT codes, review a current list of CPT codes, effectuate date of changes or finalize the list. The selection of the CPT code(s) by the healthcare service provider 120 is received and stored in the appropriate field of the CPT database 1600 in step 536. For example, in record 1660, the physician "patch_adams" (provider ID # 87654321) has chosen to include CPT 99211 (an Office/Outpatient visit for an established patient) in his covered services for PRIMARY CARE INTERNAL MEDICINE.

Identification Of Rates

In step 538, if it is determined that the healthcare service provider 120 has selected to identify his rates (e.g., has selected the option "Review, Load or Update Your Rates" of the healthcare service provider options form illustrated in Figure 34), an identification of healthcare service provider rates form is transmitted to the healthcare service provider 120 in step 540 for identification by the healthcare service provider 120 of the rates the healthcare service provider 120 charges for each category of service that he offers. An example of an identification of healthcare service provider rates form is illustrated in Figure 41. This page contains a first menu comprising the categories of services that the healthcare service provider 120 offers, as retrieved from field 1310 of the healthcare service provider's records stored in the healthcare service provider database 1300, and a second menu comprising the options of "Pre-Paid" and "Fee-For-Service" for selection by the healthcare service provider 120 of the type of rate to be associated with the service category. The healthcare service provider's selection regarding the type of rate to be associated with the selected service category is

received and stored in field 1335 of the healthcare service provider database 1300 in the record corresponding to the selected service category (by reference to field 1310) in step 542.

In step 544, if it is determined that that healthcare service provider 120
5 has selected the rates associated with the specific service category to be pre-paid, a pre-paid options form is transmitted to the healthcare service provider 120 in step 546. An example of a pre-paid options form is illustrated in Figure 42. The pre-paid options form provides the healthcare service provider 120 with the options to: (1) review his current rates associated with a specific service category (step 548); (2) modify or load
10 new rates to be charged for the specific service category (step 554); or (3) modify required notice of changes from patients (step 579).

In step 548, if it is determined that the healthcare service provider 120 would like to review his current rates, in step 550 the healthcare service provider's records are retrieved from the rates database 1800 (as identified by log-in identifier) and
15 the list of rates associated with the specific service category by age range corresponding to a monthly rate for males and a monthly rate for females are displayed for the healthcare service provider 120 in a chart format (not shown) in step 552.

If it is determined in step 554 that the healthcare service provider 120 would like to modify current rates or load new rates, a rates selection form is transmitted
20 to the healthcare service provider 120 in step 556. An example of a rates selection form is illustrated in Figure 43. The rates selection form provides the healthcare service provider 120 with the following options: (1) to enter new rates or modify individual rates; (2) to apply a single percentage adjustment to existing rates; and (3) to apply a dollar

adjustment to rates. The option for rate selection chosen by the healthcare service provider 120 is received in step 558.

In step 560, if it is determined that the healthcare service provider 120 would like to enter new rates or modify individual rates (i.e., option (1) immediately
5 above), a rates entry form is transmitted to the healthcare service provider 120 in step 562. An example of a rates entry form is illustrated in Figure 44. The rates entry form provides the healthcare service provider 120 with the following options for rate entry: (1) to manually enter rates for each co-payment and age/gender category; (2) to create a set of percentage adjustment tables that will develop all rates by applying a
10 percentage adjustment to the healthcare service providers chosen "standard" age/gender category; and (3) to view various adjustment tables that will assist the healthcare service provider 120 in establishing his rate tables. The selection for rate entry by the healthcare service provider 120 is received in step 564.

In step 566, if it is determined that the healthcare service provider 120
15 would like to manually enter his rates for each co-payment and age/gender category (i.e., option (1) immediately above), a rates determination form is transmitted to the healthcare service provider 120 in step 568. An example of a rates determination form is illustrated in Figure 45. The rates determination form provides for entry by the healthcare service provider 120 of a co-payment and the monthly dollar rate for pre-paid
20 services per consumer based on a patient's age (in five-year increments) and gender. The healthcare service provider 120 can identify individual age/gender combinations to which they do not want to offer rates and/or services by entering a zero in the appropriate age/gender cell. If the healthcare service provider 120 already has rates

stored in an associated record in the rates database 1800, this information is retrieved and displayed for the healthcare service provider 120 in the appropriate fields of the rates determination form for modification or review by the healthcare service provider 120. The healthcare service provider's information is received from the healthcare service provider 120 and stored in the appropriate fields of the records associated with the healthcare service provider 120 (as identified by log-in identifier and age category) in the rates database 1800 in step 570.

In step 572, if it is determined that the healthcare service provider 120 would like to adjust his rates (i.e., options (2) & (3) immediately above), in step 574 a rate adjustment form (not shown) is transmitted requesting the healthcare service provider 120 to provide an adjustment percentage or dollar adjustment amount. This information is received and used to accordingly calculate new rates which are stored in fields 1825 and 1830 of the records associated with the healthcare service provider 120 (as identified by log-in identifier) in the rates database 1800 in step 576.

In step 573, if it is determined that the healthcare service provider 120 would like view various adjustment tables that will assist the healthcare service provider 120 in establishing his rate tables (i.e., option (3) above), information including average tables (including straight average, weighted average, and median ratio) and actuarial tables (e.g., from actuarial firms like Towers Perrin and M&R) is transmitted to the healthcare service provider 120 in step 578. This information can be, for example, stored as Web site pages at the central server 200, or be provided on the rate determination form as hyperlinks to Web sites containing this information. In a preferred

embodiment, the healthcare service provider 120 can elect to automatically incorporate the data received in step 578 when establishing its rate tables.

In step 579, if it is determined that the healthcare service provider 120 would like to modify required notice of changes from patients, a notice requirement form is transmitted to the healthcare service provider 120 in step 580. An example of a notice requirement form is illustrated in Figure 46. The notice requirement form provides for entry by the healthcare service provider 120 of a requirement as to how much advance notice it must receive to accept a new pre-paid patient. It provides for entry by the healthcare service provider 120 as to patients with pre-paid care and for patients without pre-paid care. The options for entry range from no notice to four months notice, in intervals of a month. This information is received from the healthcare service provider 120 and stored in the appropriate fields of the record(s) associated with the healthcare service provider 120 (as identified by log-in identifier) in the healthcare service provider database 1300 in step 582.

The healthcare service provider registration process ends in step 584.

Identification Of Referrals

Referring now to Figures 6A-6B, a healthcare service provider referrals process begins in step 600.

In step 602, a referrals form is transmitted to the healthcare service provider 120 for the healthcare service provider 120 to identify the list of physicians, hospitals and other healthcare providers that the healthcare service provider 120 wishes to include in his referral panel and to whom he may refer his patients. An example of a

referrals form is illustrated in Figure 47. The healthcare service provider 120 is provided with the following options: (1) to review standardized panels; (2) to add a standardized referral panel; (3) to add individual physicians, hospitals or other healthcare service providers; (4) to delete individual physicians, hospitals or other healthcare service providers; (5) to review his personalized referral panel; and (6) to finalize his personalized referral panel. The selection by the healthcare service provider 120 is received in step 604.

In step 606, if it is determined that the healthcare service provider 120 would like to view standardized panels or a referral panel of one of his peers (i.e, option (1) immediately above), this information is transmitted to the healthcare service provider 120 in step 608. This information can be, for example, stored as Web site pages at the central server 200, or be provided on the referrals form as hyperlinks to Web sites containing this information. Third party entities, such as a Physician Hospital Organization ("PHO") or an Independent Practice Association ("IPA") may choose to establish standardized panels in order to assist physicians in developing their referral panel. However, to be displayed to the user 110 as a referred provider during the healthcare services panel registration process, each referred healthcare service provider 120 must be registered with the system and assigned a provider identifier.

In step 610, if it is determined that the healthcare service provider 120 would like to add a standardized referral panel (i.e., option (2) above), the panel (including healthcare service provider names/categories) is retrieved from the source(s) described above and each panel provider name, category and provider identification number is stored in fields 1925, 1920 and 1930, respectively, of separate records

associated with the healthcare service provider 120 (as identified by log-in identifier and referrer provider identification number) in the referral database 1900 in step 612. Each record is assigned the same unique panel identifier, which is stored in field 1935.

In step 614, if it is determined that the healthcare service provider 120 would like to add individual physicians, hospitals, or other healthcare service providers to his referral panel (i.e., option (3) immediately above), in step 616 the healthcare service provider 120 is transmitted a referral addition request form (not shown) requesting the healthcare service provider 120 to transmit the names, provider identification numbers, categories and beginning effective dates of the referred healthcare service providers to be added to his referral list. This information is received and stored in fields 1925, 1930, 1920, and 1910, respectively, of separate records (per referred healthcare service provider/category combination) associated with the healthcare service provider 120 (as identified by log-in identifier and referrer provider identification number) of the referral database 1900 in step 618.

If it is determined in step 620 that the healthcare service provider 120 would like to delete individual physicians, hospitals, or other healthcare service providers from his referral list (i.e., option (4) immediately above), in step 622 the healthcare service provider 120 is transmitted a referral deletion request form (not shown) requesting the healthcare service provider 120 to transmit the identification of the healthcare service provider(s) to be deleted from his referral list (by name(s) and categories of service) and the ending effective date(s) of referral. This information is received and the name(s) are "deleted" by identifying the record(s) of the referred healthcare service provider (by reference to the healthcare service provider's log-in

identifier in field 1905 and the referred provider's name(s) in field 1925 of the referral database 1900) and storing the ending effective date(s) in field 1920 in step 624. The referred healthcare service provider's name will be displayed to the user 110 during the healthcare services panel selection process (if the referring healthcare service provider
5 120 is chosen as the user's Primary Physician) until the ending effective date, at which time it will be effectively "deleted".

In step 622, if it is determined that the healthcare service provider 120 has selected to review his personalized referral panel (i.e., option (5) immediately above), all of the records associated with the healthcare service provider 120 (as identified by log-
10 in identifier and provider identification number) of the referral database 1900 for which the current date is greater than the beginning effective date in field 1910 and less than the ending effective date in field 1915 are retrieved and the data is transmitted to the healthcare service provider 120 in chart form (not shown) in step 626.

In step 634, if it is determined that the healthcare service provider 120 has
15 selected to finalize his personalized referral panel (i.e., option (6) immediately above), the process ends in step 636.

Information Retrieval Process

Referring now to Figures 7A-7B, a healthcare service provider information retrieval process begins in step 700.

20 In step 702, if it is determined that the healthcare service provider 120 would like to view reports, a reports selection form is transmitted to the healthcare service provider 120 in step 704. An example of a reports selection form is illustrated in

Figure 48. The reports selection form provides the healthcare service provider 120 with the options of: (1) confirming the status of an individual patient; (2) receiving a list of pre-paid consumers/patients; (3) receiving a rates report; and (4) receiving summary reports. The healthcare service provider's selection is received in step 706.

5 In step 708, if it is determined that the healthcare service provider 120 would like to confirm the status of an individual patient, a list of names of the healthcare service provider's patients are retrieved in step 710 from field 907 of associated records of the member panel database 900 (by reference to the healthcare service provider's provider identification number stored in field 915) and transmitted to
10 the healthcare service provider 120 in step 712 for selection by the healthcare service provider 120. In step 714, the selected patient's record is retrieved from the member panel database 900 and the information contained therein (i.e., "status data") is transmitted to the healthcare service provider 120 in chart form (not shown) in step 716.

 In step 718, if it is determined that the healthcare service provider 120
15 would like a listing of his pre-paid consumers/patients, a list of names of the healthcare service provider's pre-paid consumers/patients are retrieved from field 907 of associated records of the member panel database 900 (by reference to the healthcare service provider's provider identification number stored in field 915 and the presence of a "P" in field 923) and transmitted to the healthcare service provider 120 in chart form
20 (not shown) in step 720.

 In step 722, if it is determined that the healthcare service provider 120 has selected to receive a rates report, in step 724 a list of the healthcare service provider's rates are retrieved from the rates database 1800 and transmitted to healthcare service

provider 120 in the same manner described above with respect to the rates identification form.

In step 726, if it is determined that the healthcare service provider 120 has selected to receive a summary report, in step 727 the healthcare service provider 120 is requested to indicate if he would like a summary report of monthly rate information (by age/gender/co-payment, age/gender or co-payment), or pre-paid consumer information (by age/gender/co-payment, age/gender or co-payment). Upon receipt of the selection by the healthcare service provider 120, the record(s) associated with the healthcare service provider 120 are retrieved from the member panel database 900 (by reference to the provider identification number stored in field 915) and an appropriate summary report data is generated in step 728 and transmitted to the healthcare service provider 120 in chart form (not shown) in step 730.

The information retrieval process ends in step 736.

Sponsor Options Process

The sponsor registration process will now be described with reference to Figures 8A-8C.

If in step 350 (described above with respect to the user registration process) it is determined that the registrant is a "sponsor," i.e., the entity/individual responsible for paying for all or part of the user's healthcare costs, the sponsor registration process begins at step 800, and a sponsor option request form is transmitted to the sponsor 130 in step 802. An example of a sponsor option request form is illustrated in Figure 49. Generally, the sponsor 130 is offered the following

options: (1) to create or update his profile information; (2) to generate reports; and (3) to add, review, or edit his list of sponsored plan members and the amount of benefit that the sponsor 130 contributes to a plan member's health plan. The sponsor's selection is received in step 804.

5 In step 806, if it is determined that the sponsor 130 has selected to create or edit his profile (e.g., has selected the option "Profile Information" of the sponsor request form of Figure 49), it is determined in step 808 whether the sponsor 130 has previously registered his profile in the sponsor information database 1400 (as identified by the sponsor's log-in identifier stored in field 1405). If the sponsor 130 already has a
10 profile stored in the sponsor information database 1400, the sponsor's record is retrieved from the sponsor information database 1400 in step 810. In step 812, the information is transmitted to the sponsor 130 in the appropriate fields of a sponsor profile form (described below) to allow the sponsor 130 to make any necessary changes to the existing data.

15 If in step 808, it is determined that the sponsor 130 does not have a profile stored in the sponsor information database 1400, a blank sponsor profile form is transmitted to the sponsor 130 in step 814 and the sponsor profile information is received and stored in the appropriate fields of the sponsor information database 1400 in step 815. An example of a sponsor profile form is illustrated in Figure 50, requesting
20 that the sponsor 130 provide its name, address, contact name, contact phone number, the type of sponsor it is (employer/insurer/other), and a sponsor identification code for identification purposes. In a preferred embodiment, the sponsor registration form will also provide a field for the sponsor 130 to enter a bank account number (and an

associated ABA number) if the sponsor 130 elects to have the costs of sponsored member plans directly paid from a listed bank account.

In step 807, if it is determined that the sponsor 130 has selected to generate reports (i.e., has selected the option "Generate Reports" of the sponsor option
5 page illustrated in Figure 49), a sponsor report selection form is transmitted to the sponsor 120 in step 842 requesting the sponsor 130 to identify what type of report is to be generated. An example of a sponsor report selection form is illustrated in Figure 54. Generally, the sponsor report selection form allows the sponsor 130 to select a customized report based on either its plan members (e.g., by geographic area) or its
10 aggregated or detailed contribution amounts (e.g., by month). The sponsor's report selection is received in step 844.

In step 846, the records of the sponsored individual database 1500 associated with the sponsor (as identified by the sponsor identification code stored in field 1505), the records of the sponsoree database 1100 associated with the sponsor
15 (as identified by the sponsor identification code stored in field 1125) and the records of the member panel database 900 associated with the sponsor (as identified by the member identifier stored in field 905, which is linked to the member identifier 1211 of the member demographics database 1200 in order to identify the sponsoree identifier 1240 of the member demographics database 1200, which is linked to the sponsoree identifier
20 1515 of the sponsored individual database 1500 in order to identify the sponsor identification code 1505 of the sponsored individual database 1500) are retrieved and a report is generated in accordance with the sponsor's selection and the data contained in

the retrieved record(s). The generated report(s) are transmitted in chart form (not shown) to the sponsor 130 in step 848.

In step 816, if it is determined that the sponsor 130 has selected to enter sponsorship data for a new member (i.e., has selected the option "Add a New Plan Member" on the sponsor option page illustrated in Figure 49), a new member form is transmitted to the sponsor 130 in step 822. An example of a new member form is illustrated in Figure 52. Generally, the new member form provides fields for the sponsor 130 to identify the sponsoree's name, sponsor contribution, sub-sponsor identification code, sponsoree identification code, and initial sponsoree password. The new member sponsorship information is received and information regarding each new plan member is stored in the appropriate fields of its own separate record of the sponsored individual database 1500 in step 824.

In a preferred embodiment, the information received in step 824 can be received in electronic format using a predetermined data record layout.

In step 818, if it is determined that the sponsor 130 has selected to review its list of sponsored members (i.e., has selected the option "Review Plan Members" on the sponsor option page illustrated in Figure 49), in step 828 a list of names of the members for whom the sponsor 130 is responsible for payments is generated by reference to fields 1505 and 1520 of the sponsored individual database 1500. The list of sponsored members is then transmitted to the sponsor 130 in a sponsored members form in step 830. An example of a sponsored members form for Wizig&Company is illustrated in Figure 51. The sponsored members form also contains fields listing the additional data stored in each field of the sponsored individual database 1500, such as

sponsoree identifier (field 1515), contribution amount (field 1525) and initial password (field 1530).

In a preferred embodiment, the form lists the names of the members in hyperlink format to provide the sponsor 130 with the option of double-clicking on a member's name to remove the member from the list or to retrieve the member's profile, in which case the member's profile is retrieved from the sponsored individual database 1500 and displayed in the appropriate fields of a new member form (discussed below) to allow the sponsor 130 to make any necessary changes to the existing data.

In step 820, if it is determined that the sponsor 130 has selected to edit its list of sponsored members (i.e., has selected the option "Edit Plan Members" on the sponsor option page illustrated in Figure 49), in step 832 a list of names of the members for whom the sponsor 130 is responsible for payments is generated by reference to fields 1505 and 1520 of the sponsored individual database 1500. In step 834, the information is transmitted to the sponsor 130 in a user information edit form to allow the sponsor 130 to view and/or make changes to the existing data. An example of a user information edit form for Wizig&Company is illustrated in Figure 53. In step 836, the member sponsorship information is received and stored in the sponsored individual database 1500 in the appropriate record(s) associated with sponsor 130.

The sponsor registration process ends in step 838.

In a preferred embodiment, the healthcare service providers 120 and the sponsors 130 are provided with the option to purchase banner advertisements to be displayed to users over the Internet 140 based on predetermined criteria. These criteria include, for example: the broadcast region affected by the advertisement (e.g., national,

regional, or only within a specified distance from a ZIP code, such as closest, within 5 miles, within 10 miles, within 15 miles, within 20 miles, or within 25 miles); the size of advertisement; the frequency with which the advertisement will run; the time of day that the advertisement will run; the time duration of the advertisement; the demographics of users targeted by the advertisement; the Web page(s) on which the advertisement will run; the cost to run the advertisement; whether the advertisement is new or has previously been run; and the method of payment used to pay for the disbursement of the advertising (e.g., online or invoice).

In another preferred embodiment, the user 110 is provided with a comment form which allows the user 110 to make a comment about a healthcare service provider 120, the comment being stored and accessible to other users. The healthcare service provider 120 is also preferably provided with an opportunity to respond to comments made about it by users, the response being stored and accessible to users.

It is to be understood that the embodiments and variations shown and described herein are merely illustrative of the principle of this invention and that various modifications may be implemented by those skilled in the art without departing from the scope and spirit of the invention.